

**CHARLES COUNTY HEALTH BENEFITS PROGRAM**

Premiums effective for July 1, 2014 - June 30, 2015 Plan Year

COVERAGE LEVEL	CareFirst PPN/PPO & Select Vision	CareFirst Blue Choice HMO & Select Vision	CareFirst Regional Dental	Delta Dental
<b>EMPLOYEE SEMI-MONTHLY PREMIUM</b>				
Individual	\$98.62	\$61.65	\$5.57	\$4.91
Parent & Child	\$171.35	\$117.15	\$8.50	\$7.80
Employee & Spouse	\$205.24	\$141.79	\$12.78	\$11.58
Family	\$241.28	\$184.95	\$16.71	\$15.04